

Senate File 286 - Introduced

SENATE FILE 286

BY SEGEBART

A BILL FOR

1 An Act relating to the reimbursement and cost-reporting
2 methodologies and documentation requirements applicable to
3 certain Medicaid providers, and including effective date
4 provisions.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. MEDICAID HOME AND COMMUNITY-BASED SERVICES
2 PROVIDERS — COST-REPORTING METHODOLOGY AND DOCUMENTATION
3 CHANGES.

4 1. Beginning July 1, 2017, the department of human services
5 shall discontinue application of the retrospectively limited
6 prospective rates reimbursement methodology to and the required
7 submission of cost reports by affected providers under 441 IAC
8 79.1.

9 2. The department of human services, in consultation with
10 affected parties, including but not limited to Medicaid home
11 and community-based services providers, shall develop and
12 submit to the governor and the general assembly by November 30,
13 2017, a proposal for a new cost-reporting methodology to be
14 used for the purposes of determining actuarially sound rates
15 and fee-for-service reimbursement for applicable Medicaid home
16 and community-based services providers beginning July 1, 2018.
17 The cost-reporting methodology developed shall be based on
18 all reasonable costs of doing business as a Medicaid home and
19 community-based services provider.

20 3. The department of human services shall amend 441 IAC
21 24.4 relating to standards of service for providers of services
22 to persons with mental illness, intellectual disabilities, or
23 developmental disabilities pursuant to chapter 225C and 441
24 IAC 79.3(2) relating to medical clinical records for providers
25 of services under the Medicaid program pursuant to chapter
26 249A, to provide, effective November 1, 2017, that in addition
27 to allowing documentation of the provision of services or
28 standards of service in a narrative format, the following
29 providers may also provide documentation in a checkbox form
30 format in accordance with the provider's organizational
31 policies and procedures:

- 32 a. Advanced registered nurse practitioners.
33 b. Psychologists.
34 c. Community mental health centers.
35 d. Home and community-based habilitation services

1 providers.

2 e. Behavioral health intervention.

3 f. Case management services including home and
4 community-based services case management services.

5 g. Home and community-based services waiver services.

6 h. Behavioral health services.

7 i. Community-based neurobehavioral rehabilitation
8 residential services and intermittent services.

9 Sec. 2. EFFECTIVE UPON ENACTMENT. This Act, being deemed of
10 immediate importance, takes effect upon enactment.

11 EXPLANATION

12 The inclusion of this explanation does not constitute agreement with
13 the explanation's substance by the members of the general assembly.

14 This bill relates to reimbursement methodologies, cost
15 reports, and documentation required of certain Medicaid home
16 and community-based services providers.

17 The bill requires that beginning July 1, 2017, the
18 department of human services (DHS) shall discontinue
19 application of the retrospectively limited prospective rates
20 reimbursement methodology and the required submission of
21 cost reports by affected providers as provided under the
22 administrative rule that applies this reimbursement methodology
23 and requires submission of cost reports by Medicaid home and
24 community-based services (HCBS) supported community living,
25 family and community support services, and interim medical
26 monitoring and treatment when provided by an HCBS-certified
27 supported community agency.

28 The bill directs DHS, in consultation with affected parties,
29 including but not limited to Medicaid home and community-based
30 services providers, to develop and submit to the governor and
31 the general assembly by November 30, 2017, a proposal for a
32 new cost-reporting methodology to be used for the purposes
33 of determining actuarially sound rates and fee-for-service
34 reimbursement for applicable HCBS providers beginning July 1,
35 2018. The cost-reporting methodology developed shall be based

1 on all reasonable costs of doing business as a Medicaid home
2 and community-based services provider.

3 The bill also requires DHS to amend administrative rules
4 relating to standards of service for providers of services
5 to persons with mental illness, intellectual disabilities,
6 or developmental disabilities and those relating to medical
7 clinical records for providers of services under the Medicaid
8 program to provide, effective November 1, 2017, that in
9 addition to allowing documentation of the provision of
10 services or standards of service in a narrative format, certain
11 providers specified in the bill may also provide documentation
12 in a checkbox form format in accordance with the provider's
13 organizational policies and procedures.
14 The bill takes effect upon enactment.